

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3687

BIRTH NO.		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6258		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Silva</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Silva</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Quincy</u>		c. (Last) <u>Matthews</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W 2</u>	8. DATE OF BIRTH <u>Apr 6 1885</u>	9. AGE (In years last birthday) <u>64</u>	10. IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>	11. IF UNDER 4 HRS. Hours <u>24</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coca Cola Plant</u>		11. BIRTHPLACE (State or foreign country) <u>Madison Co MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charley Matthews</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Ben Matthews</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-28-8452</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ben Matthews Silva MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tuberculosis of the lungs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>(Supplementary report)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>✓ SUICIDE</u> <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>Jan 18 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 1949</u> , to <u>1-1</u> , 1950, that I last saw the deceased alive on <u>12-20</u> , 1949, and that death occurred at <u>7 p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Adam F. Wagner, M.D.</u>		23b. ADDRESS <u>Greenville MO</u>		23c. DATE SIGNED <u>1-14-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 8 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barrett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wayne Co MO</u>	
DATE REC'D BY LOCAL REG. <u>Jan 18-1950</u>		REGISTRAR'S SIGNATURE <u>Mabel Beasley</u>		341		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miss S. Marshall Greenville MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 21 1950

DISTRICT HEALTH OFFICE No. 4

File No. 150 - 88

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Ernest S. Marshall

Licensed Embalmer No. 4601

P. O. Address Guernsey, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.